



NAVY EPIDEMIOLOGY BOARD  
2510 WALMER AVENUE  
NORFOLK, VIRGINIA 23553-2E17

6220  
Ser PM/11378  
6 MAR 2001

From: Executive Secretary, Navy Epidemiology Board  
To: Commanding Officer, Navy Environmental Health Center  
Via: President, Navy Epidemiology Board

Subj: MINUTES OF THE NAVY EPIDEMIOLOGY BOARD (NEB) MEETING OF  
JUNE 7-9, 2000

Ref: (a) NAVENVIRHLTHCENINST 6220.1E

Encl: (1) List of Attendees  
(2) Navy Epidemiology Board Agenda  
(3) List of Ports  
(4) EPI-RAP 00-008 Preventive Medicine Physician Credentials and Privileges  
CAPT Brawley  
(5) EPI-RAP 00-009 Tick-Borne Disease Prevention Training for Marines - CAPT Schor  
(6) EPI-RAP 00-010 Marketing Population Health - CAPT Brawley  
(7) EPI-RAP 00-01 I Microbial Based Cleaners - CAPT Betts

1. The subject meeting was held at the Navy Environmental Health Center, December 7-9, 2000, in accordance with reference (a). Attendees are listed in enclosure (1). The NEB Directory, and the meeting agenda, are provided as enclosures (2) and (3), respectively.

2. **Old Business** (Previous EPI-RAPS still pending).

a. **EPI-RAP 99-003: Malaria Chemoprophylaxis for Port Visits.**

NEB Recommendation: Utilizing the List of Ports (see enclosure (3)), each Navy Environmental Preventive Medicine Unit will validate to ensure the list is inclusive and then assign the appropriate risk category using the Malaria Matrix (see enclosure (4)). Navy Environmental Health Center will post the completed listing on their website.

Action Required: No further action required by the Board.  
States: Closed.

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**b. EPI-RAP 00-002: Meningococcal Vaccine for Midshipmen**

NEB Recommendation: Incorporate the vaccine as a requirement for U.S. Naval Academy, Officer Candidate School, The Basic School and Officers Indoctrination School in the BUMEDNOTE 6230.

Action Required: No further action required.

Status: Closed.

**c. EPI-RAP 00-003: Procurement of Lethal Ovitrap for Dengue Vector control**

NEB Recommendation: Send onto the DoD Armed Forces Pest Management Board via the Navy Entomology Steering Committee for review and appropriate action. Navy Deployment requirements doesn't seem to support this procurement.

Action Required: No further action required.

Status: Closed.

**d. EPI-RAP 00-006: Navy Collaboration with Center for Disease Control and Prevention (CDC) in Gonococcal Isolate Surveillance Program (GISP)**

NEB Recommendation: Upon review by LCDR Sherman with the Pacific Operational Forces, there is non-concurrence to this initiative since there are too few number of cases to support a "standing up" of a GISP in the San Diego area.

Action Required: No further action required.

Status: Closed.

**4. New Business**

**a. EPI-RAP 00-008: Preventive Medicine Physician Credentials and Privileges,** enclosure (4).

NEB Recommendation: A Subcommittee on Privileging consisting of the following NEB members was formed: CAPT Brawley, CAPT Thomas, CDR Fallon, and CDR Sherman. They will report back to the NEB on an action plan regarding PMO privileges.

Action required: Subcommittee will report to NEB at next meeting on progress made towards PMO privileging.

Status: Open.

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**b. EPI-RAP 00-009 Tick-Borne Disease Prevention for Marines, enclosure (5).**

NEB Recommendation: Review the USMC Battle Skills Manual to ensure appropriate Personal Protection Practices are incorporated. Ensure FMSS curriculum includes "train the trainer" in regards to personal protection practices. MCCDC Curriculum (MDOs/8404) review to ensure that prevention and treatment of vector-borne disease are taught with "train the trainer" component.

Action required: Request that coordination be taken between USMC Training Component and Navy Entomology Steering Committee (NESC) to review present training regimen in regards to personal protection practices. Solicited CDR Mann to have NESC comment on this EPI-RAP.

Status: Open.

**c. EPI-RAP 00-010: Marketing Population Health, enclosure (6).**

NEB Recommendation: Distribute PHIP&G to NEB members who will then provide comments and recommendations to CAPT Brawley. NEB supports a technical manual development in the area of population health.

Action Required: NEB to submit comments and recommendations on the PHIP&G to CAPT Brawley.

Status: Open.

**d. EPI-RAP 00-011: Microbial Based Cleaners , enclosure (7).**

NEB Recommendation: NEB member to review the NEHC drafted Required Information to Consider Health Assessment of Microbial Based Cleaners for Navy Use. NEB supports NEHC OEM Directorate motion to submit this issue as a question to the Armed Forces Epidemiology Board (AFEB).

Action Required: NEB to provide the comments on draft required information to OEM Directorate. OEM Directorate to brief NEB on results of their request for action from AFEB.

Status: Open.

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**5. Next Meeting.** The next meeting is scheduled for 13, 14, 15 December 2000.

B. P. MURPHY CDR, MSC, USN

Minutes reviewed and approved by President, Navy Epidemiology Board.

Date:

H. G. POTTER  
CDR, MC, USN

Minutes reviewed by Commanding Officer, NAVENVIRHLTHCEN.

Comments:

Approved/~~Disapproved~~

Date: 010322

D. M. SACK

**NAVY EPIDEMIOLOGY BOARD  
NAVY ENVIRONMENTAL HEALTH CENTER  
NORFOLK, VA**

**LIST OF ATTENDEES FOR NAVY EPIDEMIOLOGY BOARD  
MEETING OF 7-9 JUNE 2000**

**MEMBERS PRESENT**

CDR G. Potter, MC, USN (President/Naval Hospital Bremerton)  
CAPT K Schor, MC, USN (HQUSMC)  
CAPT L Betts, MC, USN (NEHC)  
CDR M. McCarthy, MC, USN (NMRI)  
CDR McBride, MC, USN (BUMED Med-24)  
CDR B. Murphy, MSC, USN (Executive Secretary/NEHC)  
CDR R. Rendin, MSC, USN (NEHC)  
LCDR S Young, MC, USN (NEPMU-7)  
LCDR S. Sherman MC, USN (NEPMU-5)  
CDR J. Lamar, MC, USN (NEPMU-2)  
LCDR A. Fallon, MC, USN (Vice President/I MEF)  
CDR B. Hendricks, MC, USN (II MEF)

**GUESTS**

CAPT Thomas, MC, USN (USUHS)  
Maj Trent, BSC, USAF (AL-AOES)  
Dr. Morrow (NEHC)

**MEMBERS ABSENT**

CDR Laurel May, MC, USN (NEPMU-6)

**NAVY EPIDEMIOLOGY BOARD MEETING**  
**7-9 JUNE 2000**

Wednesday, 7 June, 2000

0900 - 0910 Welcome & Opening Remarks - CDR Potter  
0910 - 0930 Commanding Officer Remarks - CAPT Hiland

**Program Updates**

0930 - 1010 BUMED MED - 24/JPMPG/HQ USMC - CAPT Schor  
1010 - 1030 NEHC - CDR Rending 1030 -1045 Break  
1045 - 1200 NEPMU Briefs  
1200 - 1330 Lunch  
1330 - 1445 EPI-RAP 00-011 Alternate Cleaning Solutions Microbial Cleaners - CAPT Betts  
1445 - 1530 Proposed DoD Invasive Species Memorandum -CAPT Schor EPI-RAP 00-009 Tick-borne Disease Prevention Training for Marines - CAPT Schor  
1530 -1545 Break 1545 - 1630 GEIS Update - CDR McCarthy  
1630 Closing Remarks/Adjourn - CDR Potter

Thursday, 8 June, 2000

0900 - 0910 Opening Remarks -CDR Potter  
0910 - 0930 Deployment Medical Surveillance - CDR Murphy 0930 - 1015 Specialty Leader Brief - CAPT Thomas  
0950 - 1005 **Break**

**Old Business (Review Status of Open EPI-RAPS)**

1030 - 1200 **EPI-RAP 99-003** - CDR Hendrick  
**EPI-RAP 00-002** - CDR Murphy  
**EPI-RAP 00-003** - CDR Murphy  
**EPI-RAP 00-004** - CDR Sherman  
1200 - 1330 **Lunch**  
1330 - 1500 Discussion Point - The Bremerton Model - CDR Potter  
1500 - 1600 NDRS 3.0 Update - Ms Gilchrist

Friday, 9 June, 2000

0800 - 0810 Opening Remarks -CDR Potter

**New Business**

0810 - 0900 **EPI-RAP 00-008** Privileging Navy PM Physicians - CAPT Brawley  
0900 - 0930 **EPI-RAP 00-010** Marketing Population Health - CAPT Brawley  
1000 - 1015 **Break**

**Administrative Business**

1015 - 1030 Recommendations for New Membership -CDR Potter  
1030 - 1100 Unfinished Business  
1100 - 1115 Selection of Date for Next Meeting and Closing Remarks  
1115 **Adjourn**

## LIST OF PORTS

Luanda  
St. John' s  
Buenas Aires  
Brisbane  
Darwin  
Freemantle  
Gladstone  
Hobart  
Perth  
Sydney  
Townsville  
Nassau  
Manama  
PortoNovo  
Recife  
Rio de Janeiro  
Salvador  
Douala  
Concepcion  
Iquique  
Puerto Mont  
Punta Arenas  
Valparaiso  
Hong Kong  
Shanghai  
Cartagena  
Matadi  
Puerto Limon  
Puntarenas  
Abidjan  
Djibouti  
Puerto Plata  
Santo Domingo  
Dili  
Guayaquil  
Manta  
Alexandria  
Cairo  
Hurghada  
Port Said  
Malabo  
Assab  
Missawa  
Suva  
Marseille  
Nice  
Toulon  
Papeete, Tahiti  
Libreville  
Banjul

Angola  
Antigua  
Argentina  
Australia  
Australia  
Australia  
Australia  
Australia  
Australia  
Australia  
Bahamas  
Bahrain  
Benin  
Brazil  
Brazil  
Brazil  
Cameroon  
Chile  
Chile  
Chile  
Chile  
Chile  
China  
China  
Columbia  
Congo  
Costa Rica  
Costa Rica  
Cote D'Ivoire  
Djibouti  
Dominican Republic  
Dominican Republic  
East Timor  
Ecuador  
Ecuador  
Egypt  
Egypt  
Egypt  
Egypt  
Equatorial Guinea  
Eritrea  
Eritrea  
Fiji  
France  
France  
France  
French Polynesia  
Gabon  
Gambia

## LIST OF PORTS

Accra  
Athens  
Rhodes  
Suda Bay (Crete)  
Guatemala City  
Puerto Barrios  
San Jose  
Conakry  
Bissau  
Port-Au-Prince  
Puerto Cortes  
Calcutta  
Port Blair  
Bali  
Borneo  
Jakarta  
Surabaya  
Elat  
Haifa  
Augusta (Sicily)  
Catania (Sicily)  
La Maddalena  
Naples  
Trieste  
Okinawa  
Sasebo  
Yokuska  
Aqaba  
Mombasa  
Kuwait City  
Beirut  
Monrovia  
Madagascar  
Lumut  
Penang  
Acapulco  
Cabo San Lucas  
Cancun  
Mazatlan  
Casa Blanca  
Auckland  
Christchurch  
Lagos  
Port Harcourt  
Muscat  
Salalah  
Karachi  
Panama City  
Ancon

Ghana  
Greece  
Greece  
Greece  
Guatemala  
Guatemala  
Guatemala  
Guinea  
Guinea-Bissau  
Haiti  
Honduras  
India  
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Indonesia  
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Indonesia  
Indonesia  
Israel  
Israel  
Italy  
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Japan  
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Japan  
Jordan  
Kenya  
Kuwait  
Lebanon  
Liberia  
Madagascar  
Malaysia  
Malaysia  
Mexico  
Mexico  
Mexico  
Morocco  
New Zealand  
New Zealand  
Nigeria  
Nigeria  
Oman  
Oman  
Pakistan  
Panama  
Peru



## LIST OF PORTS

Cebu	Philippines
Manila	Philippines
Subic Bay	Philippines
Roosevelt Roads	Puerto Rico
San Juan	Puerto Rico
Doha	Qatar
Vladivostok	Russia
Dhahran	Saudi Arabia
Jeddah	Saudi Arabia
Jubail	Saudi Arabia
Dakar	Senegal
Mahe	Seychelles
Freetown	Sierra Leone
Singapore	Singapore
Kismayu	Somalia
Mogadishu	Somalia
Cape Town	South Africa
Durban	South Africa
Inchon	South Korea
Pohang	South Korea
Pusan	South Korea
Seoul	South Korea
Barcelona	Spain
Cartagena	Spain
Malaga	Spain
Palma(Mallorca)	Spain
Rota-Cadiz	Spain
Bangkok	Thailand
Pattaya Beach	Thailand
Phuket	Thailand
Lome	Togo
Tunis	Tunis
Antalya	Turkey
Istanbul	Turkey
Izmir	Turkey
Charlotte Amalie	U.S.Virgin Islands
Abu Dhabi	UAE
Al Fujayrah	UAE
Dubai	UAE
Jebel Ali	UAE
Entebbe	Uganda
Kampala	Uganda
Montevideo	Uruguay
Guam	USA
Pearl Harbor, HI	USA
Caracas	Venezuela
Cam Ranh	Vietnam
Da Nang	Vietnam
Haiphong	Vietnam
Aden	Yemen

**NAVY EPIDEMIOLOGY BOARD  
REQUEST FOR ACTION PAPER (EPIRAP)**

DATE: 02 June 2000  
EPI-RAP 00-008

**TITLE**            Preventive Medicine Physician Credentials and Privileges

**ISSUE/PROBLEM STATEMENT**

NEHC has been directed to develop a process for Preventive Medicine physician credentials and privileges for physicians assigned at NEHC worldwide activities.

I request consultation from the NEB on the format for the Criteria for Privileges and the Preventive Medicine Performance Appraisal Report. (These have been sent to CDR Murphy via email.).

**PRIORITY**    (i.e., Routine, Urgent): Routine

**BACKGROUND**

NEHC has been tasked with developing a process for Preventive Medicine credentials and privileges for physicians assigned to NEHC worldwide activities. Documents have been drafted for a Preventive Medicine Performance Appraisal Report that is population based and for Criteria for Preventive Medicine Privileges. This process may be expanded to Preventive Medicine physicians at other commands.

Implicit in the process of credentials and privileges is peer review and professional oversight of medical practice. This process is well established in clinical settings with individual patient encounters and medical record notes by the provider. No comparable process has yet been established for population based practices.

**ACTION NEEDED**

Review and comment upon draft documents for Preventive Medicine Performance Appraisal Report Criteria for Preventive Medicine Privileges - sent by separate email.

Identify workable methods and processes for conducting peer review of Preventive Medicine physician practice in a worldwide organization where a small number of practitioners are geographically separated and sometimes the only Preventive Medicine physician in the local command. An assumption is that all such physicians are connected to email and the Internet.

Enclosure (4)

## ISSUE ORIGINATOR

CAPT Robert L Brawley, MC, USN  
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Navy Environmental Health Center  
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## **PERTINENT REFERENCES**

**Preventive Medicine Performance Appraisal Report**  
**Criteria for Preventive Medicine Privileges - sent by separate email**

## **PERTINENT PERSONNEL**

**NAVY EPIDEMIOLOGY BOARD  
REQUEST FOR ACTION PAPER (EPIRAP)**

5 June 2000  
EPI-RAP 00-009

**TITLE**

Tick-Borne Disease Prevention Training for Marines

**ISSUE/PROBLEM STATEMENT**

A systematized and integrated tick-borne disease prevention training program does not exist in the DoN. All such training is locally developed. As such, there is no overarching control over training content to:

- maximize training efficiency
- minimize redundancy
- assure appropriateness
- enhance overall prevention effectiveness throughout a Marine's career.

**PRIORITY** (i.e., Routine, Urgent)

Routine-however, preliminary feedback to CMC anticipated by end of June.

**BACKGROUND**

An active duty Lance Corporal sent the Commandant an email suggesting improved training/education might have prevented him from getting Lyme Disease. Upon review of this issue at Headquarters, U.S. Marine Corps, Health Services, has become apparent that standardized tick-borne disease prevention education is not routinely provided for all active duty Marines. Although such education may occur at various schools and with operating forces, there is no consistent, systematized, and integrated training provided across the spectrum of a Marine's career. From a health promotion program perspective, this is complicated because preventive medicine support to the Marine Corps is split between Claimancy 18 (BUMED funded/MTF-based preventive medicine support predominantly to USMC bases and stations, covering Recruit Training and various schools such as Marine Combat Training and MOSspecific training) and Claimancy 27(Covers the operating forces such as MEU's, MEB's, MEF's).

Tick-borne disease prevention is an important career-long (if not life-long) force health protection knowledge skill. There are several general categories in which this training should occur:

- Initial Entry (covers all training from Officer/Enlisted accession through reporting to first assignment with operating forces)
- Operational (covers just-in-time Preventive Medicine briefs for deployments and exercises, and any annual sustainment training)
- Bases & Stations (covers the approximately 30,000 Marines assigned and also may include DHP eligible beneficiaries at all locales)

**NAVY EPIDEMIOLOGY BOARD  
REQUEST FOR ACTION PAPER (EPIRAP)**

DATE: 02 June 2000  
EPI-RAP 00-010

**TITLE**

Marketing Population Health

**ISSUE/PROBLEM STATEMENT**

MHS has developed a Population Health Improvement Plan and Guide. Public health model is not completely considered in this plan.  
I request consultation from the NEB on the best methods to define and market population health concepts within Claimancy 18 and the MHS.

**PRIORITY** (i.e., Routine, Urgent)

Routine

**BACKGROUND**

Population health improvement is a current topic within the Military Health System. As the system is evolving from a treatment focus to a prevention and wellness focus, population health improvement strategies are being considered. .

Prevention based specialties need to be involved in the planning and marketing of population health improvement programs. Population based specialties like Preventive Medicine, Occupational Medicine, and Aerospace Medicine do not seem to be acknowledged as subject matter experts on population health topics.

**ACTION NEEDED**

Identify prevention issues/ concerns that should be addressed in developing strategic plans for population health improvement. Identify best practices to integrate public health model and the clinical model in marketing population health improvement strategies. Identify opportunities for Preventive Medicine and other population based specialties to be acknowledged as subject matter experts for population health improvement.

Enclosure (6)

**ISSUE ORIGINATOR**

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**PERTINENT REFERENCES**

POPULATION HEALTH IMPROVEMENT PLAN & GUIDE - sent by separate email

**PERTINENT PERSONNEL**

**NAVY EPIDEMIOLOGY BOARD  
REQUEST FOR ACTION PAPER (EPIRAP)**

5 June 2000  
EPI-RAP 00-011

**TITLE:        MICROBIAL BASED CLEANERS**

**ISSUE/PROBLEM STATEMENT:**

Request for health hazard assessment of microbial based cleaners for Navy use.

**PRIORITY:** Urgent. The Naval Air Force Atlantic is having a meeting next week where interested potential Navy users and manufacturers of these products will be present along with NAVENVIRHLTHCEN personnel. Inquiries as to the status of the approval for these products are expected. NAVENVIRHLTHCEN official position was provided in enclosure (1).

**BACKGROUND**

1. A Navy command is requesting Health Hazard Assessments of microbial based cleaners from the Navy Environmental Health Center. Information provided by the manufacturers to NAVENVIRHLTHCEN was not adequate to permit a definite review as to the potential acute and chronic health hazards that may be associated with the use of the products. As a result, NAVENVIRHLTHCEN responded to the requesting command (enclosure 1) stating that the specific information necessary to conduct the health hazard assessments such as acute and chronic toxicity studies in animals and man were not made available by the manufacturers.
2. The Occupational and Environmental Medicine Directorate in coordination with other NAVENVIRHLTHCEN Directorates compiled draft list "Required Information to Consider Health Assessment of Microbial Based Cleaners for Navy Use" (enclosure 2). This list is to be forwarded to the Armed Forces Epidemiological Board for their review and concurrence.

**ACTION NEEDED:**

Assistance in expediting review of the potential health hazards of biological based cleaners with the Army and the Air Force. This could be accomplished through the Armed Forces Epidemiological Board.

**ISSUE ORIGINATOR:** Jose E. Hernandez, Deputy Director  
Occupational and Environmental Medicine Directorate  
Navy Environmental Health Center  
2510 Walmer Avenue  
Norfolk, VA 23513-2617  
(757) 462-5563

**PERTINENT REFERENCES:**

There are no pertinent Navy regulations or Federal regulations addressing the safe and healthful use of microbial based cleaners.

**PERTINENT PERSONNEL:** Armed Forces Epidemiological Board.

Enclosure (7)